**Australian centre for education in sleep (ACES)**

Name……………………………………………………….Starting date…………………………………

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| **Day** | **Example** |  |  |  |  |  |  |  |
| Medication forsleep | lavendar |  |  |  |  |  |  |  |
| Into bed at…..Lights out at….. | 7.30 PM7.45 |  |  |  |  |  |  |  |
| Fell asleep | 8.00 PM |  |  |  |  |  |  |  |
| Where slept | In my ownbed |  |  |  |  |  |  |  |
| Sleep broken ……times in night | One time |  |  |  |  |  |  |  |
| Minutes awake foreach wake | 10 minutes |  |  |  |  |  |  |  |
| How I fell back tosleep | Alone |  |  |  |  |  |  |  |
| Last waking uptime | 7.00 AM |  |  |  |  |  |  |  |
| When I got up Ifelt 1 = exhausted to 5 - refreshed | 3 |  |  |  |  |  |  |  |
| Overall my sleepwas 1= very restless to 5 = very sound | 3 |  |  |  |  |  |  |  |

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| How much of a problem is your/your child’s sleep at the moment? | 1None | 2A bit | 3more than a bit | 4A lot | 5A great deal |
| How stressed are you about your /your child’s sleep at the moment? | 1None | 2A bit | 3more than a bit | 4A lot | 5A great deal |